

### MEDICAL EDUCATION

Physicians interested in medical education should read the various comments made upon this subject at the annual meeting of the American Medical Association in Boston, particularly the remarks made by Dr. Bevan, chairman of the Council on Medical Education, and the presidential address of Dr. Work. Dr. Bevan stated in part as follows:

"I desire to refer to a disturbing influence which has been introduced into medical education in the last few years, and which has become in a way a menace to our progress along sound lines. I refer to the introduction of a scheme of organization of the faculties of our medical colleges, which has been introduced by the great educational foundations, and by some of the State universities. I shall refer especially to the plan of all-time clinical instruction. This plan did not originate in the medical profession. It originated outside the medical profession and, unfortunately, it has been forced upon the situation largely by money. It is a subsidized plan which has been presented to universities with the statement that they would be given one or two millions of dollars or more, provided they would adopt the all-time clinical plan in their scheme of organization. . . .

"This plan has not been a success. I do not hesitate to say that it has been a failure. It has not the support of the medical profession. I fail to find that it has anywhere the support of the great teachers of medicine, or the great teachers of surgery, or the great teachers of the medical and surgical specialties. The plan has been backed largely by men who are not medical men, and by men who, if they are medical men, are connected with laboratories. It is a very expensive plan. Its cost is out of all proportion to the results that are obtained in medical education.

". . . We should make it very clear to the outside agencies who are urging and subsidizing their special plans that the organized medical profession cannot adopt any plan of medical education that is not in keeping with the honor and dignity and best interest of the medical profession.

"One weakness of the all-time clinical plan is the grotesque proposition that the all-time clinician in one of these schools is to accept fees from well-to-do patients and the rich, but that these fees are not to go to the individual who renders the service, but to the institution. . . .

"This plan (it) has been applied in a hybrid form recently in the University of Michigan with disastrous effects. The University of Michigan is planning to enter the field of medical practice. It contemplates building a hospital of six hundred to twelve hundred beds, and putting salaried men at the heads of the clinical departments in the institution. These salaried men are to take care not only of the poor, but also of the well-to-do and rich. In other words, they are distinctly entering into competition with the medical men of the State. . . .

"In the development of the medical education of the future, the great medical profession will be

little influenced by subsidized plans urged by endowed propaganda from outside agencies, but will be controlled by the experience and advice of the great laboratory workers, the great clinicians, the great teachers who are on the firing line of medical progress and are in touch with the needs of medical education and medical practice."

Following along the same line as Dr. Bevan's remarks were those of Dr. Work in his annual address. He states:

"That governments, through their teaching universities, may not justly, for a fee, attract patients for medical treatment. It is the function of a teaching college to train physicians, and scatter them for public use, and to instruct, develop and protect them as alumni in their several places.

"It cannot draw the sick to a common center for pay, in order to augment the salaries of its teachers, without breeding distrust, relieving citizens of their proper sense of responsibility to their neighbors, and incurring the just antagonism of its alumni."

The medical profession of California can again congratulate itself that it had the wisdom to establish the League for the Conservation of Public Health, which has so successfully opposed the introduction of State medicine into California in any disguise or form. That the profession in this State has escaped the "disastrous effects" noted by Dr. Bevan in Michigan is due to the well-directed campaign of the League, which has secured the closest co-operation and effective action of a united medical profession which stands together upon a public welfare platform, devoted to the scientific practice and progress of modern medicine.

The dangerous developments in Michigan and other States referred to by Drs. Bevan and Work are being carefully observed here and any attempt to adopt plans that are producing "disastrous effects" elsewhere will meet with invincible opposition.

### ORAL RADIOLOGY

"It is probable no other particular branch of radiology warrants more earnest consideration and conscientious study, at this juncture in the development of the science, than oral radiology.

"Two things appear with alarming clarity: One, that medical radiologists know comparatively little about the pathology of the mouth; and two, mighty few dentists know enough about the technique of radiology to function properly.

"Two matters of vital importance must be worked out if the radiologists on the medical side are to fulfill their functions, and if the dentists on their side are to advance in the practice of their science commensurately with public demand. Those two things are: One, uniformity of nomenclature; and two, standardized technique, based on a thorough understanding of mouth pathology. At present, there is such a multiplicity of terms describing identical oral conditions, and such a paucity of knowledge concerning the technique of oral radiology, that both dentist and medical diagnostician experience keen disappointment in the results obtained."—Abstract of editorial from the *Journal of Radiology*, Volume II, No. 7.